



KANSAS CORPORATION COMMISSION 1078908
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32211
Name: O'Brien Energy Resources Corp.
Address 1: 18 CONGRESS ST, STE 207
Address 2: _____
City: PORTSMOUTH State: NH Zip: 03801 + 4091
Contact Person: Joe Forma
Phone: (603) 427-2099
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Peter Debenham
Purchaser: DCP & NCRA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>2/9/2012</u>	<u>2/16/2012</u>	<u>4/18/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-119-21309-00-00
Spot Description: _____
SW NE NE SE Sec. 8 Twp. 33 S. R. 29 East West
2271 Feet from North / South Line of Section
526 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Meade
Lease Name: Crooked Creek Offset Well #: 4-8
Field Name: _____
Producing Formation: Mississippian
Elevation: Ground: 2644 Kelly Bushing: 2656
Total Depth: 6323 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1498 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 2800 ppm Fluid volume: 200 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: DILLCO FLUID SERVICE
Lease Name: LIZ SMITH License #: 6652
Quarter NE Sec. 26 Twp. 30 S. R. 34 East West
County: MEADE Permit #: 15-081-20272-0002

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>04/19/2012</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>04/20/2012</u>